ROLLING HILLS REHABILITATION-FDD

14345 COUNTY HIGHWAY B

SPARTA	54656	Phone: (608) 269-8800		Ownership:	County
Operated from	1/1 To 12/31	Days of Operation:	365	Highest Level License:	FDDs
Operate in Conj	unction with	Hospital?	No	Operate in Conjunction with CBRF?	No
Number of Beds	Set Up and St	affed (12/31/03):	14	Title 18 (Medicare) Certified?	No
Total Licensed	Bed Capacity	(12/31/03):	14	Title 19 (Medicaid) Certified?	Yes
Number of Resid	lents on 12/31	/03:	14	Average Daily Census:	14

Services Provided to Non-Residents		Age, Gender, and Primary Di	_			Length of Stay (12/31/03)	용	
Home Health Care	No			Age Groups	웅		0.0	
Supp. Home Care-Personal Care	No					1 - 4 Years	21.4	
Supp. Home Care-Household Services	No	Developmental Disabilities	100.0	Under 65	42.9	More Than 4 Years	78.6	
Day Services	No	Mental Illness (Org./Psy)	0.0	65 - 74	35.7	I		
Respite Care	No	Mental Illness (Other)	0.0	75 - 84	21.4	I	100.0	
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	0.0	* * * * * * * * * * * * * * * * * * *	*****	
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	0.0	Full-Time Equivalent	5	
Congregate Meals No		Cancer	0.0			-   Nursing Staff per 100 Residents		
Home Delivered Meals	No	Fractures	0.0		100.0	(12/31/03)		
Other Meals	No	Cardiovascular	0.0	65 & Over	57.1			
Transportation	No	Cerebrovascular	0.0			RNs	6.0	
Referral Service	No	Diabetes	0.0	Gender	%	LPNs	1.8	
Other Services	No	Respiratory	0.0			Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	0.0	Male	71.4	Aides, & Orderlies	51.4	
Mentally Ill	No			Female	28.6	I		
Provide Day Programming for			100.0	1		I		
Developmentally Disabled	Yes			1	100.0	I		
			and the state of the state of	and the state of t				

## Method of Reimbursement

		edicare itle 18			edicaid itle 19			Other		P	rivate Pay	:		amily Care			anaged Care	l 		
Level of Care	No.	olo	Per Diem (\$)	No.	olo	Per Diem (\$)	No.	olo	Per Diem (\$)	No.	olo	Per Diem (\$)	No.	엉	Per Diem (\$)	No.	00	Per Diem (\$)	Total Resi- dents	- Of
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Intermediate				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				14	100.0	172	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	14	100.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	0	0.0		14	100.0		0	0.0		0	0.0		0	0.0		0	0.0		14	100.0

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ROLLING HILLS REHABILITATION-FDD

******	*****	******	******	*****	******	******	*****
Admissions, Discharges, and		Percent Distribution	of Residents'	Condit	cions, Services, an	d Activities as of 12	/31/03
Deaths During Reporting Period	!				% Nooding		Total
Percent Admissions from:		Activities of	96		% Needing	% Totally	Number of
Private Home/No Home Health	0.0	Daily Living (ADL)	Independent		or Two Staff	Dependent	Residents
Private Home/With Home Health	0.0	Bathing (ADL)	0.0	OHE	64.3	35.7	14
		2			50.0	28.6	= =
Other Nursing Homes	0.0	3	21.4				14
Acute Care Hospitals	0.0		50.0		28.6	21.4	14
Psych. HospMR/DD Facilities	0.0		7.1		57.1	35.7	14
Rehabilitation Hospitals	0.0	Eating	64.3		21.4	14.3	14
Other Locations	0.0	******	******	*****	******	******	*****
Total Number of Admissions	0	Continence		용	Special Treatmen	ts	용
Percent Discharges To:		Indwelling Or Extern	al Catheter	0.0	Receiving Resp	iratory Care	7.1
Private Home/No Home Health	0.0	Occ/Freq. Incontinen	t of Bladder	92.9	Receiving Trac	heostomy Care	7.1
Private Home/With Home Health	0.0	Occ/Freq. Incontinen	it of Bowel	64.3	Receiving Suct	ioning	0.0
Other Nursing Homes	0.0				Receiving Osto	my Care	0.0
Acute Care Hospitals	0.0	Mobility			Receiving Tube	Feeding	0.0
Psych. HospMR/DD Facilities	0.0	Physically Restraine	ed	7.1	Receiving Mech	anically Altered Diet	s 57.1
Rehabilitation Hospitals	0.0	1			3	1	
Other Locations	0.0	Skin Care			Other Resident C	haracteristics	
Deaths	0.0			0.0	Have Advance D		0.0
Total Number of Discharges	0.0	With Rashes		0.0	Medications	11000100	0.0
(Including Deaths)	0 1	MICH NADILES		0.0	Receiving Psyc	hongtino Drugg	57.1
(Including Deaths)	0				Receiving Psyc	iloactive brugs	37.1

Selected Statistics: This FDD Facility Compared to Similar Facilities & Compared to All Facilities

	This Facility		FDD cilities	All Facilties		
	% %	응	Ratio	용	Ratio	
Occupancy Rate: Average Daily Census/Licensed Beds	100.0	89.6	1.12	87 <b>.</b> 4	1.14	
Current Residents from In-County	78.6	33.5	2.34	76.7	1.02	
Admissions from In-County, Still Residing	0.0	11.3	0.00	19.6	0.00	
Admissions/Average Daily Census	0.0	21.3	0.00	141.3	0.00	
Discharges/Average Daily Census	0.0	25.0	0.00	142.5	0.00	
Discharges To Private Residence/Average Daily Census	0.0	11.4	0.00	61.6	0.00	
Residents Receiving Skilled Care	0.0	0.0	0.00	88.1	0.00	
Residents Aged 65 and Older	57.1	15.3	3.73	87.8	0.65	
Title 19 (Medicaid) Funded Residents	100.0	99.3	1.01	65.9	1.52	
Private Pay Funded Residents	0.0	0.5	0.00	21.0	0.00	
Developmentally Disabled Residents	100.0	99.4	1.01	6.5	15.40	
Mentally Ill Residents	0.0	0.3	0.00	33.6	0.00	
General Medical Service Residents	0.0	0.3	0.00	20.6	0.00	
Impaired ADL (Mean) *	51.4	53.1	0.97	49.4	1.04	
Psychological Problems	57.1	50.1	1.14	57.4	1.00	
Nursing Care Required (Mean)*	8.9	11.0	0.81	7.3	1.22	